Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

HST 9200 30034USI

|                                  |                                                      | CLAIMS AS                                 | Golumn                      |                               | (Column 2)                            |                  | SMALL ENTITY TYPE |                        | OR      | OTHER THAN SMALL ENTITY |                        |
|----------------------------------|------------------------------------------------------|-------------------------------------------|-----------------------------|-------------------------------|---------------------------------------|------------------|-------------------|------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS                     |                                                      |                                           | 13                          |                               |                                       |                  | RATE              | FEE                    | 1       | RATE                    | FEE                    |
| FOR                              |                                                      |                                           | NUMBER FILED                |                               | NUMBER EXTRA                          |                  | BASIC FE          | E 375.00               | OR      | BASIC FEE               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS          |                                                      |                                           | /3 minus 20=                |                               | * Q                                   |                  | X\$ 9=            |                        | OR      | X\$18=                  |                        |
| INDEPENDENT CLAIMS               |                                                      |                                           | 4 minus 3 =                 |                               | * t                                   |                  | X42=              |                        | OR      | X84=                    | 84                     |
| MULTIPLE DEPENDENT CLAIM PRESENT |                                                      |                                           |                             |                               |                                       |                  | +140=             |                        | OR      | +280=                   |                        |
| * If                             | the difference                                       | in column 1 is                            | less than zero, enter "0" i |                               |                                       | column 2         | TOTAL             |                        | OR      | TOTAL                   |                        |
|                                  | CLAIMS AS AMENDED - PART II                          |                                           |                             |                               |                                       |                  |                   |                        | -       | OTHER                   | THAN                   |
|                                  |                                                      | (Cołumn 1)                                | (Colum                      |                               |                                       |                  | SMALL ENTITY      |                        | OR      | SMALL                   | ENTITY                 |
| AMENDMENT A                      |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                          | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                                | *                                         | Minus                       | **                            | · · · · · · · · · · · · · · · · · · · | =                | X\$ 9=            |                        | OR      | X\$18=                  |                        |
|                                  | Independent                                          | *                                         | Minus                       | ***                           | CLAIM                                 | =                | X42=              |                        | OR      | X84=                    |                        |
| L                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                           |                             |                               |                                       |                  |                   |                        | OR      | +280=                   |                        |
|                                  |                                                      |                                           |                             |                               |                                       |                  | TOTA              |                        | OR      | TOTAL<br>ADDIT. FEE     |                        |
| ADDIT, FEE                       |                                                      |                                           |                             |                               |                                       |                  |                   |                        |         |                         | 1                      |
| AMENDMENT B                      |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY                  | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                                | *                                         | Minus                       | **                            |                                       | =                | X\$ 9=            |                        | OR      | X\$18=                  |                        |
|                                  | Independent                                          | *                                         | Minus                       | ***                           |                                       | =                | X42=              |                        | OR      | X84=                    |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                           |                             |                               |                                       |                  | 140               |                        | 1       | 000                     |                        |
|                                  |                                                      |                                           |                             |                               |                                       |                  | +140=             |                        | OR      | +280=                   |                        |
|                                  |                                                      |                                           |                             |                               |                                       |                  | ADDIT. FE         |                        | OR      | TOTAL<br>ADDIT. FEE     |                        |
|                                  | - 1                                                  | (Column 1)<br>CLAIMS                      | 7                           | (Colur                        |                                       | (Column 3)       |                   |                        | _       |                         |                        |
| AMENDMENT C                      |                                                      | REMAINING<br>AFTER<br>AMENDMENT           |                             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                          | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                                | *                                         | Minus                       | **                            |                                       | =                | X\$ 9=            |                        | OR      | X\$18=                  |                        |
|                                  | Independent                                          | *                                         | Minus                       | ***                           |                                       | =                | X42=              |                        | OR      | X84=                    |                        |
| L                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |                                           |                             |                               |                                       |                  |                   |                        | OR      | +280=                   |                        |
| *                                | If the entry in colu                                 | mn 1 is less than to                      | ne entry in colu            | mn 2, write                   | ∌ "0" in co                           | lumn 3.          | TOTA              |                        |         | TOTAL                   |                        |
| ***                              | If the "Highest Nu                                   | mber Previously P                         | aid For" IN THI             | S SPACE                       | is less tha                           | an 3, enter "3." | ADDIT. FE         |                        | OR      | ADDIT. FEE              |                        |
|                                  | me mignest Nun                                       | nber Previously Pa                        | io For (Total o             | inaepena                      | ent) is the                           | e nignest number | lonud in the      | ippropriate bo         | x in co | iumn 1.                 |                        |